

AIE PROJECT GRANT APPLICATION-FORM 6

All applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer any required narrative questions and complete the (www.arts.idaho.gov/grants/applic.aspx) on page 50.

School District or Organization _____

Authorizing Official _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone: Day _____ Evening _____

Fax _____ E-mail _____ Web site _____

☐ This is a new address or ☐ phone number

☐ Applicant is acting as a Fiscal Agent

(www.arts.idaho.gov/grants/orgoverview.aspx).

Grant or Award (Check the appropriate box.)

☐ ArtsPowered Learning

☐ Creative Alternatives for Youth

Total Project Cost \$ _____

Grant Request \$ _____

Period of support requested: Start Date _____ End Date _____

Project Site or School _____

Contact Person (Project Director) _____ Position _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone: Day _____ Evening Phone _____

Fax _____ E-mail _____

◆ U.S. Congressional District 1 ☐ or District 2 ☐

◆ State Legislative District _____
(www.arts.idaho.gov/resources/leg.aspx)

Federal Tax ID Number _____ Official IRS Name _____

Is yours a nonprofit organization? ☐ yes (include IRS tax determination letter) ☐ no

Number of years doing business in Idaho _____

If applicable, write the title or a short summary of this project in the space below. List project partners.

If you have received a grant, did you submit the required Final report? ☐ yes ☐ no

Authorizing Signatures

I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the (www.arts.idaho.gov/resources/leg.aspx) of accepting this grant.

Authorizing Official (person able to legally obligate the applicant, such as
chair, president, department head, district superintendent, financial or fiscal officer)

Date

Contact Person/Project Director

Date